I am disappointed that the sponsors of H.R. 503 would play politics with the issue of women's safety. Of course we can all agree that pregnant women deserve protection against crime and violence, but we all hold very different beliefs on a woman's right to choose. Therefore it is simply irresponsible to confuse the two issues in H.R. 503, as this does.

That is why I am not voting for H.R. 503 in favor of the substitute amendment, which will be offered by my colleague, the gentlewoman from California (Ms. LOFGREN). The Lofgren substitute, the Motherhood Protection Act, increases the penalty for attacking a pregnant woman. Let us work together to pass something we can all agree on, rather than playing politics, and let us preserve women's safety.

I urge my colleagues to oppose H.R. 503 and support the Lofgren substitute.

Mr. SENSENBRENNER. Mr. Speaker, I yield 3 minutes to the gentleman from Alabama (Mr. BACHUS).

(Mr. BACHUS asked and was given permission to revise and extend his remarks.)

Mr. BACHUS. Mr. Speaker, back in September of 1999, when this bill came before us, one of the opponents of the bill said this, because the criminal attack on a woman causing her to lose a child and an abortion are too easy to confuse, we need to vote against this bill.

Now we are again hearing today that it is hard to distinguish between a criminal attack on a woman which kills her baby and an abortion. But I say, I think the American people can distinguish between the two of those, and I think Members of this body can. We also heard today, and we heard in that earlier argument, that this bill would do a dangerous thing. It would recognize the legal status of an unborn child.

Now that is pretty dangerous, is it not, recognizing the legal status of an unborn child?

Is an unborn child illegal? Are they born into the world illegal? When do they pass from illegal to legal? I think if a mother wants to have a child, wants to have that child born, wants to raise that child, that child is legal.

I want to talk about something else, something else that the opponents I do not think would want to talk about, and I think this is particularly telling, it is an article in the March 2001 Journal of American Medicine, and it simply says one thing, the disturbing finding that a pregnant or recently pregnant woman is more likely to be a victim of homicide than due to any other cause. In other words, a pregnant woman is more likely to be a victim of homicide than die of any other cause.

It compared that to nonpregnant women in the same age group, and that was the fifth leading cause of death.

As that article asks the question, we ought to ask the same question. Only by having a clear understanding of the magnitude of pregnancy-associated mortality can there be comprehensive prevention.

In other words, pregnant women are victims of homicide in a far greater percentage than nonpregnant women. We need to understand that if we are to prevent it.

How do we prevent it? Why does one think pregnant women are five times more likely to die of a homicide in this study and in an earlier study in the Journal of Public Health and in two studies in obstetrics and gynecology? I would submit that the fact they are pregnant is making them a target. These studies certainly say that they are a target. This bill, and I praise the gentleman from South Carolina (Mr. GRAHAM) for offering it, it is a needed step to help what has become an attack on pregnant women.

REMARKS UPON PASSAGE OF BILL IN 106TH CONGRESS

Mr. BACHUS. Mr. Chairman, I rise in support of the Unborn Victims of Violence Act and opposed to the amendment.

We have heard some very interesting statements out here on the floor today. One of the opponents of this act said we ought to vote against this act because, and let me quote, ''because the criminal attack on a woman causing her to lose a child, and an abortion, it is too easy to confuse the two.''

In other words, a criminal attack on a woman which causes her to lose her unborn child, she said the only difference in that and an abortion is, she says, the result is the same except for the criminal intent, and we cannot always determine the difference.

Now, do my colleagues buy that? Do my colleagues buy that this Congress or the American people cannot distinguish between a criminal attack on a woman which causes her to lose her unborn child and an abortion? I do not think so. I think that is ludicrous.

Another reason we were told to vote against this act, we were told that the Federal court or the Federal jurisdiction may have jurisdiction over the mother, but they might not have jurisdiction over the unborn child.

In other words, an FBI agent who is pregnant, we can try someone for assaulting her or murdering her, but not her unborn child, because that would not be a Federal act.

Well, what do we do in those cases? Do we always try those? Would we try them, as that person who opposes it said, we ought to try that case in the State court? Of course not. That is ludicrous.

The final thing, which is probably the worst, is this statement, and I say this with respect to all Members: that this is the first occasion that this Congress or this Supreme Court has ever recognized the legal status of an unborn child. If we pass this act, we will be recognizing the legal status of an unborn child.

Well I ask you, is it an illegal status? Are unborn children illegal?

How about an unborn child whose mother has made a decision to keep that child? She wants to keep that child. She wants to have that child. She wants to raise that child. Is there anything wrong with recognizing the legal status of that child? Should that child have no status, no rights? Of course not.

[From JAMA, March 21, 2001]

ENHANCED SURVEILLANCE FOR PREGNANCY-ASSOCIATED MORTALITY—MARYLAND, 1993–1998

(By Isabelle L. Horon and Diana Cheng)

Complete and accurate identification of all deaths associated with pregnancy is a critical first step in the prevention of such deaths. Only by having a clear understanding of the magnitude of pregnancy-associated mortality can comprehensive prevention strategies be formulated to prevent these unanticipated deaths among primarily young, healthy women.

Death statistics compiled through the National Vital Statistics System by the National Center for Health Statistics, Centers for Disease Control and Prevention, are a major source of data on deaths occurring during pregnancy and in the postpartum period. Original death certificates from which state and national vital statistics are derived are filed in and maintained by individual states. Causes of death on death certificates are reported by attending physicians or, under certain circumstances such as death from external trauma or unexplained death, by medical examiners or coroners.

The National Center for Health Statistics is required to use the World Health Organization (WHO) definition of a maternal death for preparation of mortality data. According to the WHO definition, a maternal death is ''the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.''[1] This definition includes deaths assigned to the cause ''complication of pregnancy, childbirth, and the puerperium'' (International Classification of Diseases, Ninth Revision [ICD–9] codes 630–676).

Death records are an important source of data on pregnancy mortality because they are routinely collected by the states and are comparable over time and across the nation. However, there are several limitations to using these data to identify all deaths associated with pregnancy. First, the cause-of-death information provided on these records is sometimes not accurate. Previous studies have shown that physicians completing death records following a maternal death fail to report that the woman was pregnant or had a recent pregnancy in 50% or more of these cases,[2–4] resulting in the misclassification of the underlying cause of death. Since these deaths cannot be identified as maternal deaths through routine surveillance methods, they are not included in the calculation of maternal mortality rates.

An additional limitation of using death records alone for comprehensive identification of all deaths associated with pregnancy is that the WHO definition of a maternal death limits the temporal and causal scope of pregnancy mortality. As defined by WHO, a maternal death does not include deaths occurring more than 42 days following termination of pregnancy or deaths resulting from causes other than direct complications of pregnancy, labor, and the puerperium.

To address these issues, the term ''pregnancy-associated death'' was introduced by the Centers for Disease Control and Prevention, in collaboration with the Maternal Mortality Special Interest Group of the American College of Obstetricians and Gynecologists, to define a death from any cause during pregnancy or within 1 calendar year of delivery or pregnancy termination, regardless of the duration or anatomical site of the pregnancy.[5] Pregnancy-associated deaths include not only deaths commonly associated with pregnancy such as hemorrhage, pregnancy-induced hypertension, and embolism—which are captured in the WHO definition—but also deaths not traditionally considered to be related to pregnancy such as accidents, homicide, and suicide. The term also includes deaths occurring 43 to 365 days following termination of pregnancy. Since